

FAITH BAPTIST BIBLE COLLEGE AND THEOLOGICAL SEMINARY

1900 NW FOURTH STREET, ANKENY, IA 50023



PARTNERING
with FAITH

DONOR DIRECT ***MONTHLY CONTRIBUTIONS***

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CITY _____ STATE _____ ZIP _____

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I WANT MY GIFT TO GO TOWARD _____

ACCOUNT INFORMATION

(OR INCLUDE A VOIDED CHECK)

ACCOUNT TYPE (CIRCLE ONE): CHECKING SAVINGS

ACCOUNT NUMBER _____

ROUTING NUMBER _____

FINANCIAL INSTITUTION NAME _____

FINANCIAL INSTITUTION CITY AND STATE _____

AUTHORIZATION

MONTHLY GIFT AMOUNT: \$ _____

DONATION DATE (CIRCLE ONE): 5TH OR 20TH DAY OF THE MONTH

PLEASE SEND ME A RECEIPT (CIRCLE ONE): MONTHLY ANNUALLY

I authorize Faith Baptist Bible College and Theological Seminary to initiate electronic debit entries to my account every month. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in effect until I have cancelled it in writing.

SIGNATURE _____ DATE _____

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